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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 25, 2025

Kevin Hankerson 2 Foot Prints Inc 24106 Hickory Grove Ln Novi, MI 48375

RE: License #: AS820237850

Brooklane AFC 29844 Brooklane Inkster, MI 48141

#### Dear Kevin Hankerson:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (313) 456-0439.

Sincerely,

Regina Buchanan, Licensing Consultant Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

Regina Buchanon

(313) 949-3029

# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

#### I. IDENTIFYING INFORMATION

**License #:** AS820237850

**Licensee Name:** 2 Foot Prints Inc

Licensee Address: 3826 Springhill

Inkster, MI 48141

**Licensee Telephone #:** (734) 595-6744

Licensee/Licensee Designee: Kevin Hankerson

**Administrator:** Kevin Hankerson

Name of Facility: Brooklane AFC

Facility Address: 29844 Brooklane

Inkster, MI 48141

**Facility Telephone #:** (734) 595-6744

Original Issuance Date: 11/08/2001

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	07/24/2	025
Date	e of Bureau of Fire Services Inspection if appl	icable:	N/A
Date	e of Health Authority Inspection if applicable:		N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A		2 5
•	Medication pass / simulated pass observed?	Yes 🛚	No ☐ If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	es ⊠ No □ If no, explain
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain.  Residents already ate  Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Fire safety equipment and practices observe	d? Yes	⊠ No ☐ If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain.  Water temperatures checked? Yes ⊠ No □	• ,	<del>-</del>
•	Incident report follow-up? Yes No If Incident report follow-up? Yes No Incident report follow-up? Yes In	Yes ⊠ 16(1),40	CAP date/s and rule/s:
•	Variances? Yes ☐ (please explain) No ☐		_

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

### R 330.1803 Facility environment; fire safety.

- (6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:
- (a) Improve the score to at least the "slow" category.

Resident A was admitted to the facility on 11/07/2023 and an evacuation assessment was not completed within 30 days after admission.

# **REPEAT VIOLATION (RENEWAL INSPECTION 07/13/2023)**

R 400.14208 Direct care staff and employee records.

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
- (a) Name, address, telephone number, and social security number.
- (b) The professional or vocational license, certification, or registration number, if applicable.
- (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.
  - (d) Verification of the age requirement.
- (e) Verification of experience, education, and training.
  - (f) Verification of reference checks.
  - (g) Beginning and ending dates of employment.
  - (h) Medical information, as required.
- (i) Required verification of the receipt of personnel policies and job descriptions.

Staff, Gregory Hadley, did not have verification of education and a physical health statement on file. His TB testing and training was completed after he started working in the facility.

## **REPEAT VIOLATION (RENEWAL INSPECTION 07/13/2023)**

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

Resident A did not have a resident care agreement on file that was completed at the time of admission.

#### R 400.14312 Resident medications.

- (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:
- (b) Complete an individual medication log that contains all of the following information:
  - (i) The medication.
  - (ii) The dosage.
  - (iii) Label instructions for use.
  - (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

Resident A's Acetamin was with his medications and was being administered as needed but was not documented on his medication log sheet. His Gabapentin was documented on his medication log sheet but was not available in the facility. It was reportedly discharged but was being initialed as administered on the log sheet.

# REPEAT VIOLATION {RENEWAL INSPECTION 07/13/2023 AND 07/16/2021}

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The hot water temperature was 89 degrees Fahrenheit.

The gutter downspout in the back of the house was detached.

The rear screen door did not have a handle.

The front porch handrails were loose.

R 400.14403 Maintenance of premises.

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

The rear porch and stairway did not have handrails on all open sides.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Regina Buchanan Date

Licensing Consultant